



**Office Use only**

Date Received: \_\_\_/\_\_\_/\_\_\_  
 Background Check Completed: \_\_\_/\_\_\_/\_\_\_  
 Date Entered: \_\_\_/\_\_\_/\_\_\_  
 • Approved \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
 • Denied \_\_\_/\_\_\_/\_\_\_

Please return to:

**INDIVIDUAL RESPITE PROVIDER APPLICATION**

Initial Application     Annual Update

Applicant's Full Legal Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Home or Cell Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_  
 Can we contact you via email?     Yes     No      Can we contact you via text?     Yes     No

**Please attach a copy of your Driver's License or Government Issued Photo ID for your Provider file.**

**Rates:** \$\_\_\_\_\_ hourly    \$\_\_\_\_\_ daily    \$\_\_\_\_\_ overnight    \$\_\_\_\_\_ weekend    volunteer

**Number of years' experience caring for others:**    0-1    1-2    3-4    5-6    7-10    10+ years

**Please list your experience relevant to providing respite care, personal and/or professional caregiving (include any training and attach documentation of current license, certifications and/or DHHS provider agreements):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If you have ever been Lifespan Respite Subsidy Provider, please list CONNECT Provider ID:** \_\_\_\_\_

**Please provide contact information for your past (2) employers (Include supervisor name, phone number, and name of company – if applicable):**

\_\_\_\_\_  
 \_\_\_\_\_

**Please list (2) personal or business references, no relatives:**

\_\_\_\_\_  
 \_\_\_\_\_

Check boxes for times available:	MON	TUES	WED	THURS	FRI	SAT	SUN
DAYTIME							
EVENINGS							
OVERNIGHTS							
EXTENDED PERIODS							
EMERGENCIES/CRISIS RESPITE							

**Are you willing to travel to provide respite or transport care recipient to appointments, etc.?**     Yes     No  
**If yes, maximum distance from your address:**     10 miles     25 miles     50 miles     over 50 miles

**Counties Served:**

**Please check types of care you are willing to provide:**

- Non-skilled Companion       Skilled Nursing

**Please check where you are willing to provide respite:**

- Care Recipient's Home       Provider's Home       Community Setting

**Please check Activities of Daily Living (ADLs) you are willing to work with:**

- Toileting       Bathing       Dietary       Grooming  
 Mobility       Dressing       Transferring

**Please check the Emotional and Behavioral Impairments you are willing to work with:**

- ADD/ADHD       Mental Disorders       Reactive Attachment Disorder  
 Anxiety       Oppositional Defiant Disorder       Self-Abusive  
 Depression       Physically Aggressive  
 Fetal Syndrome Alcohol Syndrome       Temper Tantrums  
 Hyperactivity

**Please check the Medical and Health Impairments and/or Specific Disabilities you are willing to work with:**

- ALS/Lou Gehrig's Disease       Hearing Impairment/ Hearing Aids       Seizure Disorder  
 Alzheimer's/Dementia       Heart Problems       Severe Allergies  
 Autism / Autism Spectrum Disorder       Speech and Language Delays  
 Arthritis or other Joint Problems       Spinal Cord  
 Blood problems, such as Anemia or Sickle Cell Disease       Stiff Person's Syndrome  
 Breathing problems such as Asthma, COPD or Cystic Fibrosis       Stroke  
 Cancer       Intellectual Disability/Developmental Delay       Tracheotomy  
 Catheter Care       Multiple Sclerosis       Traumatic Brain Injury  
 Diabetes       Muscular Dystrophy       Visual Impairment  
 Cerebral Palsy       Paraplegia/Quadriplegia  
 Feeding Tube       Parkinson's Disease

**Please check the ages you are willing to work with (check all that apply):**

- 0-2 years       19-35 years       65-74 years       all ages  
 3-5 years       36-50 years       75-84 years  
 6-18 years       51-64 years       85 and over

**Please list languages you speak:**

- English       \_\_\_\_\_

**How did you hear about the Nebraska Respite Network (check all that applies)?**

- Presentation       Brochure/Poster       Friend/Relative  
 Newspaper       Newsletter       Internet  
 TV/Cable/Radio (please circle)       Referral       Other \_\_\_\_\_

**If you are providing respite in your home, the following information must be completed and signed by any person age 19 or older living in the household, even if they are not applying to provide respite. If you are providing respite outside of your home, only the applicant needs to complete and sign. Attach additional sheets if needed.**

By signing this Application the Applicant understands that as a condition of applying to be a Lifespan Respite Network-Approved Provider, compliance with Provider Standards is required:

1. Ensure individual provider, household member age 19 or older if providing respite in the applicant's home, or agency staff person having direct care recipient contact has been cleared with the DHHS Child Abuse/Neglect Central Registry, the DHHS Adult Protective Services Central Registry, State Patrol Sexual Offenders Registry and the State Patrol Criminal History Check. Agency applicant will maintain results of these checks in the employee personnel files and make available to the Department.
2. Agency provider is licensed and/or certified as required by state law.
3. Provide respite services as an independent contractor recognizing that the provider is not an employee of the Department or State.
4. Respect the care recipient's rights to confidentiality and safeguard confidential information.
5. Acknowledge responsibility for the care recipient's safety and property.
6. Have knowledge, experience, and / or skills to perform the task(s) agreed upon to safely provide respite care.
7. Assure that any suspected abuse or neglect will be immediately reported to law enforcement and / or the Abuse-Neglect hotline (1-800-652-1999).
8. Acknowledge Lifespan Respite Network application will be denied or approval immediately terminated when individual respite provider, household member age 19 or older if providing respite in the applicant's home, or agency staff is found to have a criminal history that includes conviction of any unlawful act endangering the health or safety of another individual. Such convictions include crimes against a child or vulnerable adult, crimes involving intentional bodily harm, crimes involving the sale, distribution or procurement of a controlled substance, or crimes involving moral turpitude on the part of the individual. These crimes include but are not limited to:
  - a. Aggravated or armed robbery;
  - b. Assault, first or second degree;
  - c. Child abandonment;
  - d. Child abuse;
  - e. Child molestation or debauching a minor;
  - f. Child neglect;
  - g. Commercial sexual exploitation of a minor;
  - h. Domestic violence;
  - i. Exploitation of a minor involving drug offenses or conviction of drug offenses that involved a minor;
  - j. Felony controlled substances offenses, other than possession;
  - k. Felony violation of custody;
  - l. Incest;
  - m. Kidnapping;
  - n. Murder, first or second degree;
  - o. Sexual abuse of a minor;
  - p. Sexual assault;
  - q. Sexual exploitation of a minor, including child pornography; or
  - r. Voluntary manslaughter.
9. Acknowledge Lifespan Respite Network application will be denied or approval immediately terminated when individual respite provider, household member age 19 or older if providing respite in the applicant's home, or agency staff is found to have a criminal history that includes conviction in the last 20 years of:
  - a. Arson;
  - b. Criminal non-support;
  - c. Felony possession of controlled substance offenses;
  - d. Felony theft; or
  - e. Robbery.

The 20-year disqualification begins the date the conviction became final. Any time the individual is incarcerated, either in jail or a state or federal correctional facility, is not included in the calculation of the 20-year period of disqualification. If the individual has more than one conviction, the 20-year disqualification begins the date the most recent conviction became final.
10. Acknowledge Lifespan Respite Network application will be denied or approval immediately terminated when individual respite provider, household member age 19 or older if providing respite in the applicant's home, or agency staff is found to have a criminal history that includes conviction in the last five years of:

- a. Burglary;
- b. Driving under the influence: two or more convictions;
- c. Felony bad check writing;
- d. Misdemeanor controlled substances offenses;
- e. Misdemeanor contributing to the delinquency of a child; or
- f. Misdemeanor theft.

The five-year disqualification begins the date the conviction became final. Any time the individual is incarcerated, either in jail or a state or federal correctional facility, is not included in the calculation of the five-year period of disqualification. If the individual has more than one conviction, the five-year disqualification begins the date the most recent conviction became final.

**I certify that I have read and understand the standards as stated and referenced above and agree to comply with all Provider Standards.**

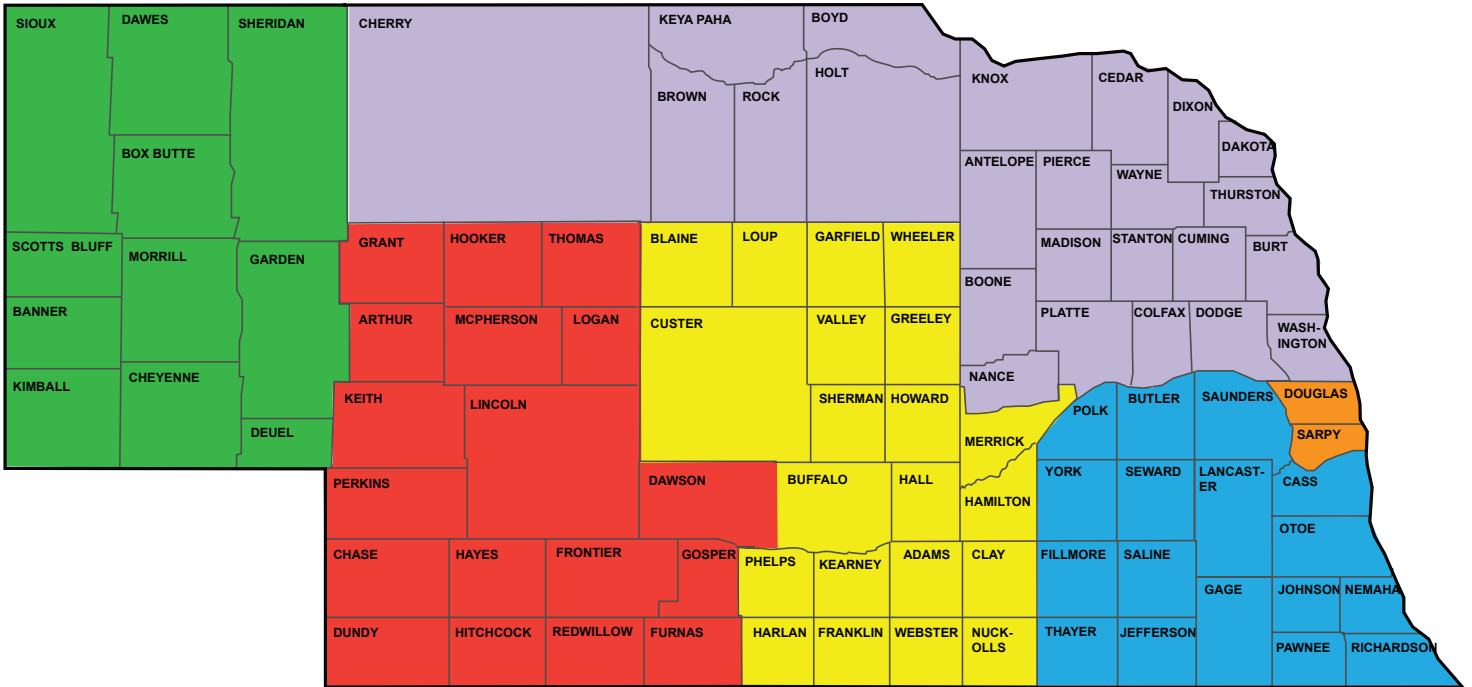
_____	_____	_____
Applicant Signature	Printed Name	Date (Month, Day, Year)
_____	_____	_____
Household Member Signature	Printed Name	Date (Month, Day, Year)
_____	_____	_____
Household Member Signature	Printed Name	Date (Month, Day, Year)

**I give permission to include my information on the Official Nebraska Government Website, Nebraska Resource and Referral System (NRRS) Provider Listing for Respite Resources. If you mark "NO" your information will remain private through the Nebraska Lifespan Respite Network secure online system.  YES  NO**

A completed DHHS "Agency Request for Information from the Nebraska Adult and Child Abuse and Neglect Register/Registry" Form CSE-72 **MUST** BE ATTACHED.

# How to submit your application

The mailing address is different for each region of Nebraska. Using the map below to locate the county you live in and send this complete paper document to a respite coordinator in your region listed below. To e-file your applications please attach application form in an email addressed to your local regional coordinator below.



### Western Service Area

Sherri Blome, Respite Coordinator  
 Panhandle Partnership for Health and Human Services  
 300 Shelton Street  
 Chadron, NE 69337  
 (308) 432-8190 [respite@wchr.net](mailto:respite@wchr.net)

### Southwest Service Area

Joy Trail, Respite Coordinator Southwest  
 NE Public Health Department  
 404 W 10th Street  
 McCook, NE 69001  
 (308) 345-4990 [respite@swhealth.ne.gov](mailto:respite@swhealth.ne.gov)

### Eastern Service Area

Ellen Bennett, Respite Coordinator  
 The Munroe-Meyer Institute UNMC  
 985450 Nebraska Medical Center  
 Omaha, NE 68198 - 5450  
 (402) 559-5732 [eastrespite@unmc.edu](mailto:eastrespite@unmc.edu)

### Southeast Service Area

Jami Thody, Respite Coordinator  
 Southeast District Health Department  
 2511 Schneider Ave.  
 Auburn, NE 68305  
 (402) 274-3993 [jami@sedhd.org](mailto:jami@sedhd.org)

### Northern Service Area

Rachel Kneifl, Respite Coordinator  
 Elkhorn Logan Valley Public Health Department  
 P.O. Box 779, 2104 21st Circle  
 Wisner, NE 68791  
 (402) 529-2233 [respite@elvphd.org](mailto:respite@elvphd.org)

### Central Service Area

Lyndsey Durman, Respite Coordinator  
 Independence Rising  
 124 W. 25th St. Suite B, St. James Square  
 Kearney, NE 68847  
 (402) 309-4344 [respite@irnebraska.org](mailto:respite@irnebraska.org)